

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 541 OF 2428
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. MR. CHRIS FAULKNER

Mailing Address 189 TOLUCA ESTATES

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| TOLUCA LAKE | CA | 91602 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

GIC

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 0 | | 2 | 0 | 1 | 5 |

Transaction ID : 2015M06L11AI01594

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. MRS. GRACE FAW

Mailing Address P.O. BOX 485

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| ARAPAHOE | NE | 68922-0485 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 0 | 6 | | 2 | 0 | 1 | 5 |

Transaction ID : 2015M06L11AI01595

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. MRS. GRACE FAW

Mailing Address P.O. BOX 485

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| ARAPAHOE | NE | 68922-0485 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 8 | | 2 | 0 | 1 | 5 |

Transaction ID : 2015M06L11AI01596

Amount of Each Receipt this Period

155.00

SUBTOTAL of Receipts This Page (optional)..... ►

840.00

TOTAL This Period (last page this line number only)..... ►